

RE/A

11/16/99



Use type B plus sign (+) inside this box

Approved for use through 09/30/2000. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

# REISSUE PATENT APPLICATION TRANSMITTAL

**Address to:**  
 Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

Attorney Docket No. 27/150  
 First Named Inventor Solomon  
 Original Patent Number 5,688,651  
 Original Patent Issue Date 11/18/97  
 (Month/Day/Year)  
 Express Mail Label No. \_\_\_\_\_

PTO/88/50 (4/98)  
 OMB 0631-0033  
 U.S. PTO  
 09/441140  
 11/16/99

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

1.  Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Specification and Claims (amended, if appropriate)
3.  Drawing(s) (proposed amendments, if appropriate)
4.  Release Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175/PTO/SB/51 or 52)
5.  Original U.S. Patent  
 Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
 (PTO/SB/33 or PTO/SB/34)  
 or  
 Ribboned Original Patent Grant  
 Affidavit / Declaration of Loss (PTO/SB/35)
6. Original U.S. Patent currency assigned?  
 Yes  No  
 (If Yes, check applicable boxes.)  
 Written Consent of all Assignees (PTO/SB/33 or 34)  
 37 C.F.R. § 3.73(b) Statement  Power of Attorney

7.  Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8.  Information Disclosure Statement (IDS/PTO-1449)  Copies of IDS Citations
9.  English Translation of Reissue Oath/Declaration (if applicable)
10.  Small Entity Statement filed in prior application. Status still proper and desired (PTO/SB/12)
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Other: \_\_\_\_\_

**NOTE FOR SMALL ENTITY:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEE, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.177). EXCEPT FOR ONE FILED IN A PRIORITY APPLICATION, IT MUST BE FILED UPON (37 C.F.R. § 1.182).

## 14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label \_\_\_\_\_ or  Correspondence address below

Name Mark Friedman  
c/o Anthony Castorina  
 Address 2001 Jefferson Davis Highway  
Suite 207  
 City Arlington State VA Zip Code 22202  
 Country US Telephone 703 415-1581 Fax (703) 415-4864

NAME (Print/Type) Mark Friedman Registration No. (Attorney/Agent) 33,883  
 Signature \_\_\_\_\_ Date 14 NOV 99

Bureau Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any payments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.